

# What's Happening Wednesday

## Kansas Immunization Program



**VFC Nurse on Call** - The nurse on call for next week is Stephanie Lambert at [Stephanie.Lambert@ks.gov](mailto:Stephanie.Lambert@ks.gov). The nurse on call can be reached at 785-296-5592.



**October 26, 2016**

**Chief Chat-** As we alerted everyone last week in a Special Alert, the Advisory Committee on Immunization Practices (ACIP) scheduled a vote for Wednesday, October 19<sup>th</sup> to change the recommendation for the HPV vaccine administration schedule. We know that many of you listened to the proceedings as did many KIP staff as the ACIP voted to make the recommended change.

CDC now recommends two doses of HPV vaccine for 11 or 12 year olds to prevent HPV-related cancers. Younger adolescents (aged 9-14 years) who get vaccinated before their 15<sup>th</sup> birthday will only need two doses of HPV vaccine given 6 to 12 months apart to prevent HPV-related cancers. First, we want to point out that there are some caveats to this new recommendation:

- \*The two dose schedule applies to anyone who gets the first dose prior to the 15<sup>th</sup> birthday and the second does must be at least six months after the first dose.
- \*The two dose schedule is **not** recommended for immune compromised persons of any age.
- \*Anyone receiving the first dose after their 15<sup>th</sup> birthday should have **three** doses of HPV vaccine, with the second dose 1 month after the 1<sup>st</sup>, and the third dose six months after the first. This is the same three dose schedule that has been previously recommended. This is also the schedule that applies to immune compromised persons.
- \*The recommendation may be applied retroactively if a person had their first dose prior to their 15<sup>th</sup> birthday and the second dose was at least six months later. Adolescents aged 9 through 14 years who have already received two doses of HPV vaccine less than 5 months apart, will require a third dose.
- \*In most cases, we do not start using a new recommendation from ACIP until it has been published in the MMWR, however because of the specific discussion and recommendation that this will be applied retroactively; we are making this new schedule available now. It is projected that the MMWR with this recommendation will be published in December.
- \*ACIP has been reviewing data on 2-dose HPV vaccination schedules since February 2016, which included a thorough review of all the available HPV vaccine data and studies of immune response, vaccine effectiveness, and duration of protection. Specifically:
  - Data from clinical trials showed two doses of HPV vaccine given in younger adolescents (aged 9-14 years) produced an immune response that was similar or higher than the response in young adults (aged 16-26 years) who received three doses.
  - Data available to date show that a 3-dose schedule in older adolescents and young adults provides long-lasting protection.
  - Study data suggest that a 2-dose schedule given to younger adolescents will also provide long-lasting protection

We will, however, have some challenges to work through as this new schedule is implemented. Because this has been fast tracked and made available to apply retroactively, the schedule is not yet available in the recommender within WebIZ or other electronic health records. It cannot be built yet as we, and other vendors, must wait for new codes and guidance documents to be released from the CDC. At present, it is expected that the updates will not be able to be implemented in WebIZ until next spring. We have already reached out to CDC to request they expedite their efforts of developing the new codes and guidance's required so that our vendors will be able to start their development work sooner rather than later.

The new schedule is, of course, not within the algorithms in CoCasa CoCASA or the reports within WebIZ at this time. This results in a lack of ability to easily look at the reports for missed opportunities or reminder recall activities. We are working on some ideas internally that may assist with this challenge and we will do our best to come up with some interim solutions in the immediate future. We will provide an update on this as we develop and test the ideas.

In summary, the newly adopted ACIP recommendation of two doses of HPV vaccine for 11 or 12 year olds may be implemented in your VFC/CHIP practices immediately. We will continue to work closely with you during implementation and provide tools as quickly as possible for education and assessment. We will keep you updated on resources that are being developed by CDC as well to make this transition.

*Chief Chat continued on page 2*

### Chief Chat cont...

Here are points that CDC has already shared for talking to patients and their parents about HPV vaccination and the reduced dosing.

**With patients aged 11-12 years, start the vaccine discussion with their parents by making the following recommendation: “Now that your child is 11 (or 12) (11 or 12 years old), they are due for three vaccines today to help protect them from meningitis, HPV cancers, and pertussis—or whooping cough.”**

Many parents are accepting of this bundled recommendation because it demonstrates that HPV vaccination is a normal part of adolescent vaccination. Parents may be interested in vaccinating, yet still have questions. Some parents might just need additional information from you, the clinician they trust. Clarify what the parent's question is or what additional information they need.

**For parents who have a question or need more information about “why now/why 11-12?” you can tell parents:**

“Like with all vaccine-preventable diseases, we want to protect your child early. If we start now, it's one less thing for you to worry about. Also, your child will only need two doses of HPV vaccine at this age. If you wait, your child may need three doses in order to get complete protection.

We'll give the first shot today and then you'll need to bring your child back in 6 to 12 months from now for the second dose.”

**If a parent has a question or needs more information about “How long can we wait and still give just two doses?” you can say:**

“The two-dose schedule is recommended if the series is started before the 15th birthday. However, I don't recommend waiting to give this cancer-preventing vaccine. As children get older and have busier schedules, it becomes more difficult to get them back in. I'd feel best if we started the series today to get them protected as soon as possible.”

**For patients aged 9-14 who have already had two doses given less than 5 months apart, you can tell parents:**

“The recommended schedule is 2 doses, 6 to 12 months apart. The minimum interval between doses is 5 months. Because your child received two doses less than five months apart, we'll need to give your child a third dose.”

**For parents who ask about the duration of protection or how well the vaccine will work with just two doses, you can say:**

“Studies have shown that 2-doses of HPV vaccine work very well in younger adolescents and we expect the same long-lasting protection with 2 doses that we expect with 3 doses.”

Please reach out to your Regional Immunization Nurse Consultants with questions as they arise. If they do not have the answer immediately, they will do their best to find the answer. We are all learning more about this each day right now and appreciate your patience as we work through it together.

Have a great week!

**Phil Griffin, Deputy Director, Bureau of Disease Control and Prevention**

## ILI– Influenza Like Illness Surveillance-No Positive Specimens

Influenza-like illness activity is beginning to increase in Kansas. The Influenza-Like Illness Surveillance Network (ILINet) sites are monitoring patients for influenza-like illness (ILI) – symptoms include a fever ( $\geq 100^{\circ}\text{F}$ ) and the presence of a cough and/or sore throat. ILINet are also asked to submit up to two specimens for testing at the Kansas Health and Environmental Laboratories (KHEL). These specimens help monitor what types of influenza are present in Kansas. During the week ending October 22, ILINet sites reported 1.2% of visits were due to influenza-like illness. There has been no positive influenza specimens tested at KHEL. For more information on influenza surveillance visit <http://www.kdheks.gov/flu/surveillance.htm>.

**Amie Worthington**

## Seasonal Influenza Update

As flu season begins, we work to keep providers up-to-date on how much flu we currently have available. As flu begins arriving at McKesson we start getting small allocations of doses to pass on to our providers. The chart below shows the current percentage of our allocation by NDC. As we receive provider orders we pass along the percentage we currently have to each ordering provider. The chart below will be updated each week with the current available percentage.

2016-2017 PEDIATRIC VFC FLU PRE-BOOK RECEIVED AS OF 10/26/16

Manufacturer	Brand	NDC	Age	Presentation	VFC Available	CHIP Available
GSK	Fluarix Quad (IIV4)	58160-0905-52	36mos+	10 1 dose syringes	100%	100%
GSK	FluLaval Quad (IIV4)	19515-0903-11	36mos+	10 dose vial	100%	100%
Novartis	Fluvirin (IIV3)	70461-0119-10	4 years +	10 dose vial	100%	100%
Seqirus	Flucelvax Quad (IIV4)	70461-0200-01	4 years +	10 1 doses syringes	100%	100%
Sanofi	Fluzone Quad (IIV4)	49281-0416-10	36mos+	10 1 dose vials	100%	100%
Sanofi	Fluzone Quad (IIV4)	49281-0416-50	36mos+	10 1 dose syringes	26%	67%
Sanofi	Fluzone Quad (IIV4)	49281-0516-25	6-35mos	10 1 dose syringes	95%	100%
Sanofi	Fluzone Quad (IIV4)	49281-0625-15	6mos+	10 dose vial	100%	100%
MedImmune	FluMist Quad (LAIV4)	66019-0302-10	2-49 years	10 1 dose sprayers	N/A	N/A

## VFC Question of the Week

### Q: What is AFIX?

A: AFIX is a quality improvement strategy to raise immunization coverage levels and improve vaccine delivery processes in practice setting. The Kansas Immunization Program regional nurses perform the AFIX component of a visit simultaneously with the VFC Site Visit. The AFIX paradigm is a four-part dynamic strategy that has proven to be a successful continuous quality improvement process.

**Assessment** Prior to the clinic's AFIX visit the regional nurse will run the clinic's coverage rates using the report criteria below.

**Feedback** During the visit the regional nurse will present the coverage reports and discuss the clinic's vaccine delivery process. The provider will be asked to complete an AFIX questionnaire to document what QI strategies are currently used by the clinic staff. The regional nurse and clinic staff will select 2 QI strategies from the questionnaire for clinic to implement.

**Incentives** The clinic's strengths and weakness will be discussed. The regional nurse will partner with the provider to outline achievable goals for the clinic to meet.

**eXchange** The regional nurse will re-run coverage rates in 3-6 months then, contact the provider to discuss their progress towards implementing the chosen strategies and compare the coverage rates with the initial assessment's coverage rates.

### KANSAS IMMUNIZATION PROGRAM ASSESSMENT STANDARDS USED FOR COVERAGE REPORTS:

#### Childhood Assessments

**Age range:** 24-35 months

**Series:** 4DTaP, 3Polio, 1MMR, 3Hib, 3HepB, 1Var, 4PCV (4:3:1:3:3:1:4)

**Compliance "by age":** 24 months

#### Adolescent Assessments

**Age range:** 13-18 yrs

**Antigens:** 3HepB; 2MMR; 1Tdap; 2Varicella; 1MCV4; 3HPV

**Compliance "by date":** use the "as of" date in the "by date" field, which will allow all kids within the range to be included in the assessment.

## Vaccines During Pregnancy: A Strong Record of Safety

**Register Now** <https://www2.cdc.gov/vaccines/ed/ciinc/>

**Date and Time:** November 9, 2016, 12 noon- 1pm Eastern

**Moderator:** Andrew Kroger, MD, MPH, Medical Officer, CDC, NCIRD

#### Speakers and Topics:

##### Introduction & Overview of Vaccines Recommended for Pregnant Women

Andrew Kroger, MD, MPH, Medical Officer, NCIRD, CDC

##### Provider Perspective: The Impact of Maternal Immunizations

Geeta Swamy, MD, Associate Professor of Obstetrics and Gynecology, Associate Dean for Regulatory Oversight and Research Initiatives, Duke University School of Medicine

##### Vaccine Safety Surveillance

Frank DeStefano, MD, MPH, FACPM, Director, Immunization Safety Office, National Center for Emerging and Zoonotic Infectious Diseases, CDC

##### Summary of the Safety Profile of Maternal Immunizations

Naomi K. Tepper, MD, MPH, Medical Officer, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention and Adjunct Associate Professor of Obstetrics and Gynecology, Emory University

## DID YOU KNOW?

**Did you know if the clinic is low or has no Pentacel available there are different schedule options that can be utilized to ensure children receive proper vaccines.**

### Options include:

> Using DTaP, IPV, and Hib vaccines to complete a series begun with Pentacel. There is a sufficient supply of DTaP, IPV and Hib vaccines to meet the anticipated demand.

> Other combination vaccines containing DTaP vaccines may also be used to complete the series.

Considerations when changing vaccine products:

> The Advisory Committee on Immunization Practices (ACIP) recommends using the same brand of vaccine for all doses of a vaccination series, when feasible. If providers do not know or do not have available the brand of vaccine previously administered, another brand may be used.

> Hib vaccines are interchangeable. If different brands of a vaccine require different numbers of doses, use the higher number when mixing brands. The Hib vaccine component in Pentacel is licensed as a four-dose series. Additional vaccine information and sample schedules using single component and combination vaccines for children who have already received one, two, or three doses of Pentacel are below.

#### No Pentacel - use of single antigens only

Birth	2 months	4 months	6 months	15-18 months
	HIB	HIB	HIB	HIB
Hep B	Hep B	IPV	Hep. B	DTaP
	IPV	DTaP	IPV	
	DTaP		DTaP	

#### No Pentacel - use of Pediarix & single antigens

Birth	2 months	4 months	6 months	15-18 months
	Pediarix	Pediarix	Pediarix	DTaP
Hep B	HIB	HIB	HIB	HIB

#### Limited Pentacel - use of Pediarix & Pentacel with single antigens

Birth	2 months	4 months	6 months	15-18 months
	Pediarix	Pentacel	Pediarix	DTaP
Hep B	HIB		HIB	HIB
	Pentacel	Pentacel	Pediarix	DTaP
Hep B	Hep B		HIB	HIB

#### Limited Pentacel - with single antigens

Birth	2 months	4 months	6 months	15-18 months
	HIB	Pentacel	Pentacel	HIB
Hep B	Hep B		Hep B	DTaP
	IPV			
	DTaP			

#### Limited Pentacel - with single antigens

Birth	2 months	4 months	6 months	15-18 months
	HIB	Pentacel	Pentacel	Pentacel
Hep B	Hep B		Hep B	
	IPV			
	DTaP			

## EPI UPDATE- Vaccine-Preventable Disease Surveillance Indicators

Monthly reports are published on the completeness and quality of specific surveillance indicators for vaccine-preventable diseases (VPDs) in Kansas. These indicators are based on the Centers for Disease Control and Prevention (CDC) Manual for the Surveillance of Vaccine-Preventable Diseases. Progress towards these goals is reported to CDC. Data used for these reports are from cases reported to the Kansas Department of Health and Environment (KDHE). Each month, the completeness of measured indicators, timeliness for case acceptance, and the percentage of investigations that are completed on time are calculated and distributed to local health departments through the Epi Updates Newsletter. Improvements and lagging areas are highlighted in each report and the goal is to reach 90% or higher completion on all VPD indicators. Numbers for the month of September can be found in the October 2016 edition of the Epi Updates Newsletter ([http://www.kdheks.gov/epi/epi\\_newsletter.htm](http://www.kdheks.gov/epi/epi_newsletter.htm)).

**Mychal Davis, MPH**

## KSWEBIZ Trainings— This week's trainings highlighter in yellow below



### Aggregate Inventory Training— **Mondays at 1 p.m., First Friday at 10:30 a.m.**

The Aggregate Inventory Training occurs the first Friday of every month from 10:30 -11:30 a.m. This call will go over the basics of the On Hand, Reconciliation (MIR submission) and Vaccine Ordering windows in KSWebIZ for Aggregate Users. Bring questions and examples of issues that your clinic is having with the end of the month reporting. **Please note:** this call is for KSWebIZ Aggregate Users Only! After registering, you will receive a confirmation email containing information about joining the webinar. <https://attendee.gotowebinar.com/rt/6598705111102500354>

Register now for the date that works best for you!

### Direct Entry Inventory Training— **Tuesdays at 1 p.m., First Friday at 12 p.m.**

The Direct Entry Inventory Training occurs the first Friday of every month from 12 -1 p.m. This call will go over the basics of the On Hand, Reconciliation (MIR submission) and Vaccine Ordering windows in KSWebIZ. Bring questions and examples of issues that your clinic is having with the end of the month reporting. **Please note:** this call is for KSWebIZ Direct Entry Users Only! After registering, you will receive a confirmation email containing information about joining the webinar. <https://attendee.gotowebinar.com/rt/4121654947304535298>

Register now for the date that works best for you!

### New User Training— **Thursdays at 2 p.m., Second Friday at 12 p.m.**

The New User Training occurs the second Friday of every month from 12 -1 p.m. This basic training is for new KSWebIZ users, or people who would like a simplified refresher training on how to use KSWebIZ. We will be going over log-in, adding history, administering vaccinations, printing consents and pink cards. If you are a new user, have a new token, or recently had a token transferred to you please take the time to sit in on this training! **Please note:** this call is for KSWebIZ Direct Users Only! After registering, you will receive a confirmation email containing information about joining the webinar.

Register now for the date that works best for you! <https://attendee.gotowebinar.com/rt/1572841858584797442>

### School Module Training- **Third Friday at 12 p.m.**

The School Module Training occurs the third Friday of every month from 9 - 10 a.m. This basic training is for new KSWebIZ school module users, or people who would like a simplified refresher training. **Please note:** this call is for KSWebIZ School Module Users Only! After registering, you will receive a confirmation email containing information about joining the webinar. <https://attendee.gotowebinar.com/rt/8422671756415350273>

Register now for the date that works best for you!

### Reports Training- **Fourth Friday at 12 p.m.**

The Reports Training occurs the fourth Friday of every month from 12 - 1 p.m. This training is for KSWebIZ users who are wanting to learn more about the KSWebIZ Reports. We will be going over the various reporting sections and how to generate reports within these sections. We hope you have time to sit in on this training! **Please note:** this call is for KSWebIZ Direct Users Only! After registering, you will receive a confirmation email containing information about joining the webinar.

Register now for the date that works best for you! <https://attendee.gotowebinar.com/rt/568840407867357186>

**NOTE:** There have been additional trainings scheduled during the week for New User Training, Direct Inventory Training and Aggregate Inventory Training. The new times can be found above and when you register and select a specific training time. If these times do not work with your schedule or you have additional training needs please reach out to the IIS trainer [msims@kdheks.gov](mailto:msims@kdheks.gov) or 785-296-0687



## Vaccine Information Statements–

Anthrax	3/10/10	MMR	4/20/12
Chickenpox	3/13/08	Tdap	2/24/15
DTaP/DT/DTP	5/17/07	MMRV	5/21/10
Hepatitis A	7/20/16	Multi-vaccine	11/05/15
Hepatitis B	7/20/16	PCV 13	11/05/15
Hib	4/2/15	PPSV	4/24/15
HPV9	3/31/16	Polio	7/20/16
HPV4 (Gardasil)	5/17/13	Rabies	10/6/09
HPV2 (Cervarix)	5/03/11	Rotavirus	4/15/15
Influenza (LAIV4)	8/07/15	Shingles	10/6/09
Influenza (IIV3 or IIV4)	8/07/15	Smallpox	10/01/09
Japan. enceph.	1/24/14	Td	2/24/15
MCV4/MPSV4	3/31/16	Typhoid	5/29/12
MenB	8/09/16	Yellow fever	3/30/11

## Vaccine Redistribution

Please email any additions or changes to be made on the Vaccine Redistribution lists with subject matter “Redistribution” to [vaccine@kdheks.gov](mailto:vaccine@kdheks.gov) or call toll free at 1-877-296-0464  
[http://www.kdheks.gov/immunize/vaccine\\_redistribution.htm](http://www.kdheks.gov/immunize/vaccine_redistribution.htm)

**REMINDERS:** Providers may place the excess doses on the KIP Redistribution list if:

- 1) The vaccine has a minimum of 90 days and a maximum of 365 days before the vaccine's expiration date;
- 2) The ordering provider is responsible for any doses which expire on the redistribution list that have not been accepted for transfer to another VFC provider;
- 3) Providers accepting vaccine from the redistribution list are responsible for using the doses once they are transferred. KIP encourages providers to accept only doses they can administer before the expiration date;
- 4) The transferring and receiving provider will document these doses on their monthly MIR/reconciliation reports as transferred vaccines.
- 5) Once vaccine is transferred please contact KIP to let us know so we can adjust the redistribution list by either deleting the line or by reducing the amount of doses.
- 6) All vaccines must be in full boxes
- 7) The KIP nurse consultant who is on call must be contacted prior to transferring vaccine
- 8) Providers are responsible for keeping KIP notified if there is a change in amount of doses available for redistribution.
- 9) When placing an order, you may be contacted if the vaccine you are trying to order is on the redistribution list.
- 10) Varicella and Proquad, will not be posted on the VFC or Private Vaccine Redistribution List. Frozen Varivax vaccines are very intolerant to out of range temperatures. To prevent potential vaccine waste the Kansas immunization Program requests that Varivax containing vaccines not be transferred to other providers. Questions regarding transporting vaccine call 877-296-0464 to request assistance.